We thank Dora Buonfrate and colleagues for their interest in our Seminar on soil-transmitted helminth (STH) infections.[1] We appreciate their highlighting the importance of strongyloidiasis, which is often overlooked because of the poor sensitivity of standard stool examinations to detect *Strongyloides stercoralis*. For this reason, we noted in the Seminar that more sensitive techniques, such as the Baermann stool concentration or Koga agar plate culture, are often needed to confirm diagnosis. We agree that more sensitive tests for *S. stercoralis*, including serologic assays and polymerase chain reaction, should be used when available. However, it is also our understanding that despite the increasing use of such tests, they are still not widely used as routine diagnostic tools in most STH-endemic areas. As an overview for clinicians and public health scientists, in both low-income and high-income settings, our Seminar aimed to balance state-of-the-art diagnostic and treatment options with the often poor availability and accessibility to health services in endemic areas.

We further agree with Buonfrate and colleagues that ivermectin is the first choice of treatment for strongyloidiasis. However, in endemic settings where ivermectin and thiabendazole are sometimes not available, data would suggest that treatment with albendazole is superior to no treatment.[2]

The authors rightly underscore the clinical and public health importance of strongyloidiasis, the need for sensitive diagnostic tests, and the superior treatment efficacy of ivermectin. In this regard, we applaud the recent WHO recommendation to include ivermectin in a triple-drug regimen for preventive chemotherapy for lymphatic filariasis,[3] and the subsequent expansion by Merck of its Mectizan donation to support this recommendation.[4] In addition to hastening the elimination of lymphatic filariasis, the collateral benefits of this regimen against strongyloidiasis are likely to be substantial. However, control of strongyloidiasis worldwide will require an adequate supply of effective drugs as well as improved mapping of endemic areas to guide their administration.

1. Jourdan PM, Lamberton PHL, Fenwick A, Addiss DG. Soil-transmitted helminth infections. *Lancet* 2018; 391: 252–65.

2. Henriquez-Camacho C, Gotuzzo E, Echevarria J, et al. Ivermectin versus albendazole or thiabendazole for Strongyloides stercoralis infection. *Cochrane Database Syst Rev* 2016; CD007745.

3. WHO. Guideline: Alternative mass drug administration regimens to eliminate lymphatic filariasis. Geneva: World Health Organization, 2017.

4. Program MD. Mectizan Donation Program Expanded to Reach Additional 100 Million People Annually for Lymphatic Filariasis in Support of New, Evidence-Based WHO Guidelines. 2017. https://www.mectizan.org/news/mectizan-donation-program-expanded-to-reach-additional-100-million-people-annually-for